



535493



EZ Profile™

Requested Facility: Five Oaks RDF☐ Unsure Profile Number: 615908IL☐ Multiple Generator Locations (Attach Locations)☐ Request Certificate of Disposal☐ Renewal? Original Profile Number: _____**A. GENERATOR INFORMATION (MATERIAL ORIGIN)**

- Generator Name: USEPA/Intermet Wagner
- Site Address: 1275 East Sangamon Street
(City, State, ZIP) Decatur IL 62521
- County: Macon
- Contact Name: Craig Thomas
- Email: thomas.craig@epa.gov
- Phone: (312) 802-9637 7. Fax: _____
- Generator EPA ID: _____ ☒ N/A
- State ID: 1150155186 ☐ N/A

C. MATERIAL INFORMATION

- Common Name: Friable Asbestos
Describe Process Generating Material: ☐ See Attached

Removal of regulated, friable asbestos containing materials from demolition/dismantling or remediation activities. Does not include clean-up wastes, such as soil, that are contaminated with asbestos.

- Material Composition and Contaminants: ☐ See Attached

1. Demolition debris, asbestos	100 %
2.	
3.	
4.	
Total comp. must be equal to or greater than 100%	≥100%

- State Waste Codes: _____ ☒ N/A
- Color: Various
- Physical State at 70°F: ☒ Solid ☐ Liquid ☐ Other: _____
- Free Liquid Range Percentage: _____ to _____ ☒ N/A
- pH: _____ to _____ ☒ N/A
- Strong Odor: ☐ Yes ☒ No Describe: _____
- Flash Point: ☐ <140°F ☐ 140°–199°F ☒ ≥200° ☒ N/A

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

- Analytical attached ☐ Yes
Please identify applicable samples and/or lab reports:

- Other information attached (such as MSDS)? ☐ Yes

G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)

By signing this EZ Profile™ form, I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of this material, and that all relevant information necessary for proper material characterization and to identify known and suspected hazards has been provided. Any analytical data attached was derived from a sample that is representative as defined in 40 CFR 261 – Appendix 1 or by using an equivalent method. All changes occurring in the character of the material (i.e., changes in the process or new analytical) will be identified by the Generator and be disclosed to Waste Management prior to providing the material to Waste Management.

If I am an agent signing on behalf of the Generator, I have confirmed with the Generator that information contained in this Profile is accurate and complete.

Name (Print): Craig Thomas Date: 09/20/2016Title: OSCCompany: USEPA**B. BILLING INFORMATION**☐ SAME AS GENERATOR

- Billing Name: Environmental Quality Management
- Billing Address: 1800 Carillon Blvd
(City, State, ZIP) Cincinnati OH 45240
- Contact Name: Mark Douglas
- Email: mdouglas@eqm.com
- Phone: 513-309-3062 6. Fax: 513-825-9728
- WM Hauled? ☒ Yes ☐ No
- P.O. Number: _____
- Payment Method: ☐ Credit Account ☐ Cash ☐ Credit Card

D. REGULATORY INFORMATION

- EPA Hazardous Waste? ☐ Yes* ☒ No
Code: _____
 - State Hazardous Waste? ☐ Yes ☒ No
Code: _____
 - Is this material non-hazardous due to Treatment, Delisting, or an Exclusion? ☐ Yes* ☒ No
 - Contains Underlying Hazardous Constituents? ☐ Yes* ☒ No
 - From an industry regulated under Benzene NESHAP? ☐ Yes* ☒ No
 - Facility remediation subject to 40 CFR 63 GGGGG? ☐ Yes* ☒ No
 - CERCLA or State-mandated clean-up? ☐ Yes* ☒ No
 - NRC or State-regulated radioactive or NORM waste? ☐ Yes* ☒ No
- *If Yes, see Addendum (page 2) for additional questions and space.**
- Contains PCBs? → If Yes, answer a, b and c. ☐ Yes ☒ No
 - Regulated by 40 CFR 761? ☐ Yes ☐ No
 - Remediation under 40 CFR 761.61 (a)? ☐ Yes ☐ No
 - Were PCB imported into the US? ☐ Yes ☐ No
 - Regulated and/or Untreated Medical/Infectious Waste? ☐ Yes ☒ No
 - Contains Asbestos? ☒ Yes ☐ No
→ If Yes: ☐ Non-Friable ☐ Non-Friable – Regulated ☒ Friable

F. SHIPPING AND DOT INFORMATION

- ☒ One-Time Event ☐ Repeat Event/Ongoing Business
- Estimated Quantity/Unit of Measure: 7500
☒ Tons ☐ Yards ☐ Drums ☐ Gallons ☐ Other: _____
- Container Type and Size: End Dumps
- USDOT Proper Shipping Name: _____ ☐ N/A

RQ, NA2212, Asbestos, 9, PG III

Certification Signature

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THINK GREEN®

QUESTIONS? CALL 800 963 4776 FOR ASSISTANCE

Revised June 30, 2015
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Requested Facility: Five Oaks RDF ☐ Unsure Profile Number: 615908IL
☐ Multiple Generator Locations (Attach Locations) ☐ Request Certificate of Disposal ☐ Renewal? Original Profile Number: _____

A. GENERATOR INFORMATION (MATERIAL ORIGIN)

1. Generator Name: USEPA/Internet Wagner
2. Site Address: 1275 East Sangamon Street
(City, State, ZIP) Decatur IL 62521
3. County: Macon
4. Contact Name: Craig Thomas
5. Email: thomas.craig@epa.gov
6. Phone: (312) 802-9637 7. Fax: _____
8. Generator EPA ID: _____ ☒ N/A
9. State ID: 1150155186 ☐ N/A

C. MATERIAL INFORMATION

1. Common Name: Friable Asbestos
Describe Process Generating Material: ☐ See Attached

Removal of regulated, friable asbestos containing materials from demolition/dismantling or remediation activities. Does not include clean-up wastes, such as soil, that are contaminated with asbestos.

2. Material Composition and Contaminants: ☐ See Attached

1. Demolition debris, asbestos	100 %
2.	
3.	
4.	

Total comp. must be equal to or greater than 100% ≥100%

3. State Waste Codes: _____ ☒ N/A
4. Color: Various
5. Physical State at 70°F: ☒ Solid ☐ Liquid ☐ Other: _____
6. Free Liquid Range Percentage: _____ to _____ ☒ N/A
7. pH: _____ to _____ ☒ N/A
8. Strong Odor: ☐ Yes ☒ No Describe: _____
9. Flash Point: ☐ <140°F ☐ 140°–199°F ☒ ≥200° ☒ N/A

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

1. Analytical attached ☐ Yes
Please identify applicable samples and/or lab reports:

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2. Other information attached (such as MSDS)? ☐ Yes

G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)

By signing this EZ Profile™ form, I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of this material, and that all relevant information necessary for proper material characterization and to identify known and suspected hazards has been provided. Any analytical data attached was derived from a sample that is representative as defined in 40 CFR 261 – Appendix 1 or by using an equivalent method. All changes occurring in the character of the material (i.e., changes in the process or new analytical) will be identified by the Generator and be disclosed to Waste Management prior to providing the material to Waste Management.

If I am an agent signing on behalf of the Generator, I have confirmed with the Generator that information contained in this Profile is accurate and complete.

Name (Print): _____ Date: _____

Title: _____

Company: _____

B. BILLING INFORMATION☐ SAME AS GENERATOR

1. Billing Name: Environmental Quality Management
2. Billing Address: 1800 Carillon Blvd
(City, State, ZIP) Cincinnati OH 45240
3. Contact Name: Mark Douglas
4. Email: mdouglas@eqm.com
5. Phone: 513-309-3062 6. Fax: 513-825-9728
7. WM Hauled? ☒ Yes ☐ No
8. P.O. Number: _____
9. Payment Method: ☐ Credit Account ☐ Cash ☐ Credit Card

D. REGULATORY INFORMATION

1. EPA Hazardous Waste? ☐ Yes* ☒ No
Code: _____
2. State Hazardous Waste? ☐ Yes ☒ No
Code: _____
3. Is this material non-hazardous due to Treatment, Delisting, or an Exclusion? ☐ Yes* ☒ No
4. Contains Underlying Hazardous Constituents? ☐ Yes* ☒ No
5. From an industry regulated under Benzene NESHAP? ☐ Yes* ☒ No
6. Facility remediation subject to 40 CFR 63 GGGGG? ☐ Yes* ☒ No
7. CERCLA or State-mandated clean-up? ☐ Yes* ☒ No
8. NRC or State-regulated radioactive or NORM waste? ☐ Yes* ☒ No
***If Yes, see Addendum (page 2) for additional questions and space.**
9. Contains PCBs? → If Yes, answer a, b and c. ☐ Yes ☒ No
a. Regulated by 40 CFR 761? ☐ Yes ☐ No
b. Remediation under 40 CFR 761.61 (a)? ☐ Yes ☐ No
c. Were PCB imported into the US? ☐ Yes ☐ No
10. Regulated and/or Untreated Medical/Infectious Waste? ☐ Yes ☒ No
11. Contains Asbestos? ☒ Yes ☐ No
→ If Yes: ☐ Non-Friable ☐ Non-Friable – Regulated ☒ Friable

F. SHIPPING AND DOT INFORMATION

1. ☒ One-Time Event ☐ Repeat Event/Ongoing Business
2. Estimated Quantity/Unit of Measure: 7500
☒ Tons ☐ Yards ☐ Drums ☐ Gallons ☐ Other: _____
3. Container Type and Size: End Dumps
4. USDOT Proper Shipping Name: _____ ☐ N/A

RQ, NA2212, Asbestos, 9, PG III

Certification Signature

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**Profile Addendum: State of Illinois
GENERATOR'S NON-SPECIAL WASTE CERTIFICATION**

F. Additional Waste Stream Information

Profile Number: 615904IL

Generators Name: USEPA/Internet Wagner

Generators SITE Address: 1275 G Sangamon Street
(The location where the waste is generated)

Waste Name: Construction and Demolition Debris with Abestos

The Illinois Environmental Protection Act allows a Generator to certify that their pollution control waste or industrial process waste, is not an Illinois Special Waste (Section 3.45). By completing the following questionnaire, you may certify that the waste stream represented by the Waste Management Profile referenced above is not an Illinois Special Waste as defined in the Act.

Is the waste referenced above any of the following:

- | | | |
|--|------------------------------|--|
| 1. A Potentially Infectious Medical Waste (PIMW)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. A Hazardous Waste as defined in 40 CFR 261 or in 35 IAC 722.111? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. A Liquid Waste (fails the paint filter test as defined in 35 IAC 811.107)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. A regulated PCB waste as defined in 40 CFR 761? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5. A NESHAP regulated asbestos waste other than waste from renovation or demolition? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6. A waste resulting from the shredding recyclable metals (auto fluff)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 7. A delisted Hazardous Waste or Treated Characteristic Hazardous Waste, subject to LDR requirements under 35 IAC 728.107? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

In determining that this waste is not a liquid, I have used knowledge of the processes generating the waste and the attached supporting documentation: ☐ MSDS ☐ Analytical ☐ Other (explain below):

In determining that this waste is not RCRA hazardous, I have used knowledge of the processes generating the waste and the attached supporting documentation: ☐ MSDS ☐ Analytical ☐ Other (explain below):

8. Is the waste represented by this profile sheet subject to the Illinois Solid Waste Management Act fee? ☐ Yes ☐ No

By signing below, I certify my waste is NOT an Illinois Special Waste, and that I understand that a person who knowingly and falsely certifies that a waste is not special waste is subject to the penalties set forth in subdivision (6) of subsection (h) of section 44 of the Illinois Environmental Protection Act.

Name: (Print) _____ Title: _____

Signature: _____ Date: _____

Requested Facility: Five Oaks RDF☐ Unsure Profile Number: 615904IL☐ Multiple Generator Locations (Attach Locations) ☐ Request Certificate of Disposal ☐ Renewal? Original Profile Number: _____**A. GENERATOR INFORMATION (MATERIAL ORIGIN)**

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3. County: Macon
4. Contact Name: Craig Thomas
5. Email: thomas.craig@epa.gov
6. Phone: (312) 802-9637 7. Fax: _____
8. Generator EPA ID: _____ ☒ N/A
9. State ID: 1150155186 ☐ N/A

C. MATERIAL INFORMATION

1. Common Name:
- Construction and Demolition Debris with Abestos

Describe Process Generating Material: ☐ See AttachedCERCLA site clean up of building debris with asbestos.

2. Material Composition and Contaminants:
- ☐
- See Attached

1. Construction /Debris	98-99 %
2. Asbestos	1-2 %
3.	
4.	

Total comp. must be equal to or greater than 100% ≥100%

3. State Waste Codes: _____ ☒ N/A
4. Color: Varies
5. Physical State at 70°F: ☒ Solid ☐ Liquid ☐ Other: _____
6. Free Liquid Range Percentage: _____ to _____ ☒ N/A
7. pH: _____ to _____ ☒ N/A
8. Strong Odor: ☐ Yes ☒ No Describe: _____
9. Flash Point: ☐ <140°F ☐ 140°–199°F ☒ ≥200° ☒ N/A

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

1. Analytical attached
- ☐
- Yes

Please identify applicable samples and/or lab reports:

2. Other information attached (such as MSDS)?
- ☐
- Yes

B. BILLING INFORMATION☐ SAME AS GENERATOR

1. Billing Name: Environmental Quality Management
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8. P.O. Number: _____
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D. REGULATORY INFORMATION

1. EPA Hazardous Waste? ☐ Yes* ☒ No
Code: _____
2. State Hazardous Waste? ☐ Yes ☒ No
Code: _____
3. Is this material non-hazardous due to Treatment, Delisting, or an Exclusion? ☐ Yes* ☒ No
4. Contains Underlying Hazardous Constituents? ☐ Yes* ☒ No
5. From an industry regulated under Benzene NESHA? ☐ Yes* ☒ No
6. Facility remediation subject to 40 CFR 63 GGGGG? ☐ Yes* ☒ No
7. CERCLA or State-mandated clean-up? ☒ Yes* ☐ No
8. NRC or State-regulated radioactive or NORM waste? ☐ Yes* ☒ No
- *If Yes, see Addendum (page 2) for additional questions and space.**
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- a. Regulated by 40 CFR 761? ☐ Yes ☐ No
- b. Remediation under 40 CFR 761.61 (a)? ☐ Yes ☐ No
- c. Were PCB imported into the US? ☐ Yes ☐ No
10. Regulated and/or Untreated Medical/Infectious Waste? ☐ Yes ☒ No
11. Contains Asbestos? ☒ Yes ☐ No
→ If Yes: ☐ Non-Friable ☐ Non-Friable – Regulated ☒ Friable

F. SHIPPING AND DOT INFORMATION

1. ☒ One-Time Event ☐ Repeat Event/Ongoing Business
2. Estimated Quantity/Unit of Measure: 5000
☒ Tons ☐ Yards ☐ Drums ☐ Gallons ☐ Other: _____
3. Container Type and Size: EndDumps
4. USDOT Proper Shipping Name: _____ ☒ N/A

G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)

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Name (Print): _____ Date: _____

Title: _____

Company: _____

Certification Signature